



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Significant Environmental Hazard Report

Notification under CGS 22a-6u

Please print or type to complete this form in accordance with the instructions (DEP-EHR-INS-100).

Send completed report to:

SIGNIFICANT ENVIRONMENTAL HAZARD REPORTS
BUREAU OF WASTE MANAGEMENT - REMEDIATION SECTION
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

BUREAU OF WASTE MANAGEMENT

SITE NAME _____

ADDRESS _____

TOWN _____

FILE TYPE: REM-HAZNOT

DEP USE ONLY

Check box if addendum pages used: ☐

* Hazard Condition(s) Identified:

<input type="checkbox"/> Explosion threat [6u-(h)]	<i>Conditions Threatening Public or Private/Residential Drinking Water Supply Wells:</i>
<input type="checkbox"/> Volatile Organic Chemicals in groundwater threaten interior air quality [6u-(e)]	
<input type="checkbox"/> Surface water threatened [6u-(f)]	
<input type="checkbox"/> Surface soil contamination [6u-(d)]	
	<input type="checkbox"/> Contamination is detected in supply well and is above groundwater protection criteria [6u-(b)]
	<input type="checkbox"/> Contamination is detected in supply well but is below groundwater protection criteria [6u-(c)]
	<input type="checkbox"/> Groundwater above groundwater protection criteria threatens supply well within 500 ft [6u-(g)]

[xx] identifies CGS Section 22a-6u subsection

Part I - Site Information

* 1. Site identification for source of pollution causing an environmental hazard:

Name of Site					
Address or Location					
City/Town		State	CT	Zip Code	

2. Attach a copy of a topographic map with the site located thereon. Map Attached ☐

* 3. Business/person submitting form: *Is this entity/person the site's owner?* YES ☐ NO ☐

Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Authorized Rep.		Title			
Contact Person		Title			

Part I - Site Information (continued)

3. & 4. Supplemental Information. *If the person submitting this form is not the site owner, describe that person's relationship to the site and its owner and enter the site owner information in #4 (see instructions).*

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4. Owner or Additional Party for site (see instructions):

Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			

5. Operator/Tenant at site, if different from owner:

Name/Firm					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			

6. Technical Environmental Professional (TEP) who identified hazard: CHECK IF NONE ☐

Firm					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			

7. Environmental consultant for abatement, if not above TEP:

Firm					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			

Part II - Hazard Summary

*

1. How was the pollutant released?

<input type="checkbox"/> unknown	<input type="checkbox"/> landfill/wastepile	<input type="checkbox"/> septic system	<input type="checkbox"/> UST leak
<input type="checkbox"/> spill/dumping	<input type="checkbox"/> burial	<input type="checkbox"/> dry well	<input type="checkbox"/> drums
<input type="checkbox"/> agricultural activity	<input type="checkbox"/> pit	<input type="checkbox"/> lagoon	<input type="checkbox"/> discharge

*

2. What is the general nature of the contamination?

<input type="checkbox"/> petroleum/oils	<u>Organic Chemicals</u>		<input type="checkbox"/> metals	<input type="checkbox"/> sodium/salt
<input type="checkbox"/> gasoline	<input type="checkbox"/> volatile	<input type="checkbox"/> semivolatile	<input type="checkbox"/> cyanide	<input type="checkbox"/> leachate
<input type="checkbox"/> fuel oil/diesel	<input type="checkbox"/> nonchlorinated	<input type="checkbox"/> polyaromatic	<input type="checkbox"/> acid/base	<input type="checkbox"/> asbestos
<input type="checkbox"/> nitrate/fertilizer	<input type="checkbox"/> chlorinated	<input type="checkbox"/> pesticide/herbicide	<input type="checkbox"/> PCB	<input type="checkbox"/> radiation

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3. For *environmental sampling (soil or monitoring wells)*, list the analytical data that are the basis for determining that a hazard condition exists. (See section 7 for *supply well data*.)

CHECK IF NO ENVIRONMENTAL SAMPLES ☐

Media (Soil/GW)	Sample Location ID	Pollutant	Concentration	Notes

Note: List only the highest concentration for each medium/pollutant defining the hazard condition(s).

Attach additional sheets as needed.

*

4. Attach a site sketch map indicating the specific location of the contamination or condition and applicable sampling sites.

Site Map

Attached ☐

5. Was an inventory of drinking water supply wells within 500 feet conducted? YES ☐ NO ☐

6. If so, is this inventory report, including a parcel map of properties within 500 feet that may be served by wells, included? N/A ☐ YES ☐ NO ☐

*

7. Identify affected or threatened drinking water supply wells:

N/A ☐ UNKNOWN ☐

For hazard conditions based on supply well samples, list analytical data establishing that the condition exists.

* Address/Town	Contact Name/Phone	No. of people	Supply Well analyses (if any) * Pollutant/Concentration

Note: Refer to Significant Environmental Hazard Report Instructions.

Attach additional sheets as needed.

8. Is hydrogeologic data supporting the area considered threatened included? YES ☐ NO ☐

Part II Hazard Summary(continued)

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9. Identify any *other* affected properties:

CHECK IF NONE AFFECTED ☐

Address/Town	Contact Name/Phone	How is Property Affected?

Attach additional sheets as needed.

10. Describe the land use of the site and surrounding area, and identify any sensitive land uses within 1/4 mile of the site:

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11. If due to a recent spill, was spill notification made?

NOT A SPILL ☐ YES ☐ NO ☐

Date		DEP contact	
Remarks			

12. If due to a UST system release, was DEP notified?

NOT A UST RELEASE ☐ YES ☐ NO ☐

Date		DEP contact	
Remarks			

13. *For drinking water supply above criteria and explosion threat hazard conditions only:*

Was oral notification to DEP made?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Date		DEP contact	
Remarks:			
Was verification to TEP client made?			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Date		Contact	
Remarks:			

14. Additional comments regarding the hazard condition(s):

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Attach additional sheets as needed.

Part III - Past DEP Involvement (OPTIONAL)

1. Voluntary Remediation/ECAF/Property Transfer filings:

CHECK IF NONE ☐

Form	Date	Certifying/Verifying/Filing Party	DEP Determination

2. DEP staff involved with assessment or remediation of the site:

CHECK IF NONE ☐

Time Period	DEP Section	Name

3. Reports to CT DEP Oil & Chemical Spill Response Division:

CHECK IF NONE ☐

Date	UST Release or other spill?	Material Released	Quantity

4. Describe other relevant DEP permitting or enforcement involvement:

CHECK IF NONE ☐

EPA ID#: CT	DEP-WPC #:	DEP Inventory #:
RCRA Notifier Status:		RCRA Permit Status:
Remarks:		

5. What environmental reports exist for the site and are available to DEP?

CHECK IF NONE ☐

Report Type	Date (mo/yr)	Preparer (Firm)	Attached? (Y/N)	Previously submitted?	DEP Unit to which sent
Phase I					
Phase 2					
Phase 3					

Attach additional sheets as needed.

Part IV - Actions to Abate HazardCHECK IF PLAN OR REPORT ATTACHED ☐

*

Describe actions *already taken* to abate the hazard condition:CHECK IF NONE ☐

Attach additional sheets as needed.

*

Describe actions *to be taken* to abate the hazard condition:CHECK IF NONE ☐

Attach additional sheets as needed.

*

Part V - Signature

"I have personally examined and am familiar with the information submitted in this document and all attachments, and certify that based on reasonable investigation the submitted information is true and accurate to the best of my knowledge and belief. I certify that this form is complete and accurate as prescribed by the Commissioner without alteration of the text."

Name (print or type)		Title (if applicable)	
Signature		Date	

*

Signifies information required by CGS Section 22a-6u.